

CAMPAIGN FINANCE REPORT

PAGE 1 OF

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Mary Jo Campbell</i>										
Street Address: <i>5431 LINDEN AVE</i>										
City: <i>Piedmont</i>					State: <i>PA</i>		Zip Code: <i>16412</i>			
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO	
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	
	ANNUAL REPORT	7.	YEAR	<i>2017</i>		FILING METHOD (✓) CHECK ONE		PAPER	DISKETTE	
Name of Office Sought by Candidate: <i>County Council</i>					DATE OF ELECTION MO. DAY YEAR <i>11 07 2017</i>		District Number	Office Code	Party Code	
									County Code	
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:					MO. DAY YEAR <i>10 24 2017</i>		To MO. DAY YEAR <i>11 27 2017</i>		FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report					\$		<i>2773.70</i>		ERIE COUNTY VOTER REGISTRATION 2017 NOV 28 PM 12:05 <i>LD</i>	
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		<i>200.00</i>			
C. Total Funds Available (Sum of Lines A and B)					\$		<i>2973.70</i>			
D. Total Expenditures (From Schedule III)					\$		<i>1755.64</i>			
E. Ending Cash Balance (Subtract Line D from Line C)					\$		<i>1218.06</i>			
F. Value of In-Kind Contributions Received (From Schedule II)					\$					
G. Unpaid Debts and Obligations (From Schedule IV)					\$					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

21 day of *November* 20 *17*

Linda S. McCabe
Signature

My commission expires *4* *24* *2021*
MO. DAY YR.

Linda S. McCabe
Signature of Person Submitting Report

814
Area Code

490-7212
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
LINDA S. McCABE, Notary Public
Erie County
My Commission Expires April 24, 2021
Commission Number 1275541

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

21 day of *November* 20 *17*

Linda S. McCabe
Signature

My commission expires *4* *24* *2021*
MO. DAY YR.

Mary Jo Campbell
Signature of Candidate

MARY JO CAMPBELL
Printed Name

814
Area Code

490-7212
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
LINDA S. McCABE, Notary Public
Erie County
My Commission Expires April 24, 2021
Commission Number 1275541

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF _____

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period	(2) \$ 200.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 200.00
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ALL OTHER CONTRIBUTIONS**\$50.01 TO \$250.00**

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Friends of Mary Jo Campbell</i>	Reporting Period From _____ To _____
---	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<i>Harold Shields</i>	<i>10</i>	<i>31</i>	<i>17</i>				\$ <i>100.00</i>
Mailing Address	MO.	DAY	YEAR				\$
<i>725 Village Lane</i>							\$
City	MO.	DAY	YEAR				\$
<i>Pah</i>							\$
State							
<i>PA</i>							
Zip Code (Plus 4)							
<i>15237</i>							
<i>Kathleen Nallo</i>							\$ <i>100.00</i>
Mailing Address	MO.	DAY	YEAR				\$
<i>Linda Lane</i>							\$
City	MO.	DAY	YEAR				\$
<i>Sinking Springs</i>							\$
State							
<i>PA</i>							
Zip Code (Plus 4)							
<i>-</i>							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							
Zip Code (Plus 4)							

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ *200.00*

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**OVER \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name of Contributing Committee				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
—							

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**\$50.01 TO \$250.00**

Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period From _____ To _____			
---------------------------------------	--	--	--	---	--	--	--

			DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						PAGE TOTAL \$
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PART B
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate				Reporting Period From _____ To _____			
---------------------------------------	--	--	--	---	--	--	--

			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$
						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		—				\$

and Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period From _____ To _____			
---------------------------------------	--	--	--	---	--	--	--

			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						
Zip Code (Plus 4)						

v				PAGE TOTAL			
and Total of Part C on Schedule I, Detailed Summary Page, Section 3.				\$			

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Employer Mailing Address/Principal Place of Business

Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$

PART E
OTHER RECEIPTS

PAGE _____ OF _____

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate					Reporting Period From _____ To _____		
---------------------------------------	--	--	--	--	---	--	--

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$	
Receipt Description							

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$
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SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

PAGE _____ OF _____

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE _____ OF _____

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE _____ OF _____

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

PAGE _____ OF _____

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate					Reporting Period From _____ To _____				
---------------------------------------	--	--	--	--	---	--	--	--	--

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED		MO. DAY YEAR			
City				State		Zip Code (Plus 4)			
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED		MO. DAY YEAR			
City				State		Zip Code (Plus 4)			
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED		MO. DAY YEAR			
City				State		Zip Code (Plus 4)			
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED		MO. DAY YEAR			
City				State		Zip Code (Plus 4)			
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED		MO. DAY YEAR			
City				State		Zip Code (Plus 4)			
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED		MO. DAY YEAR			
City				State		Zip Code (Plus 4)			
Description of Debt									

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					PAGE TOTAL \$				
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